

CORONAVIRUS

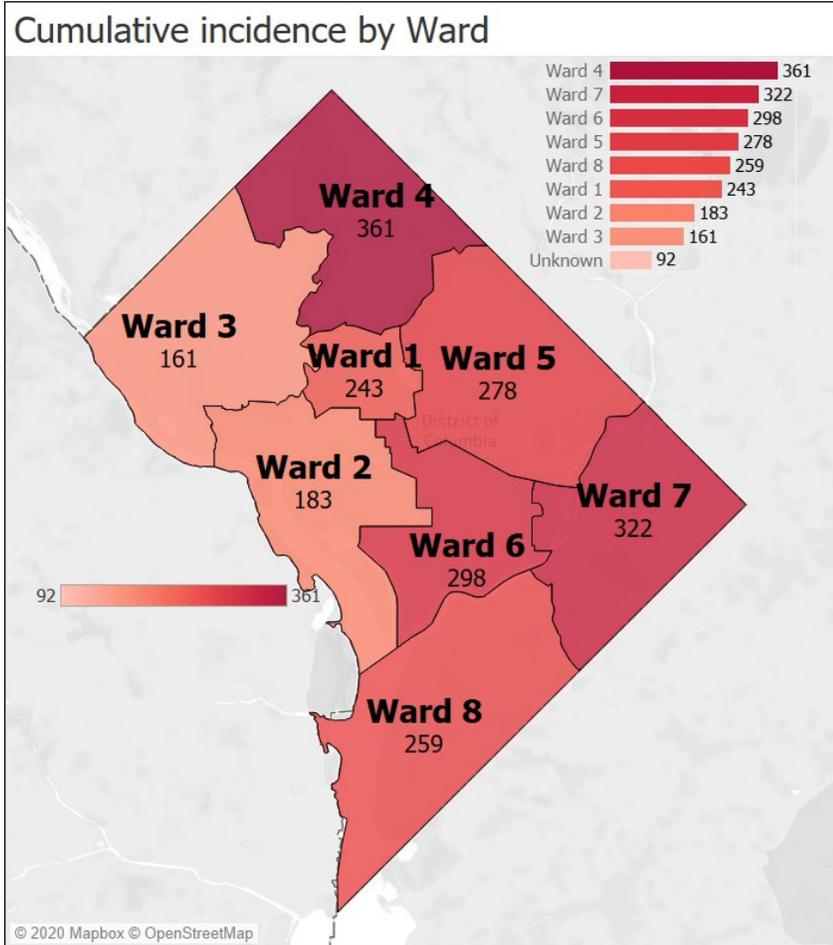
(COVID-19)

Situational Update

Services for Vulnerable Populations

Wednesday, April 15, 2020

Washington, DC As of April 14



	Total Number Positives	Percent
All	2,197	100
Race		
Unknown	410	19
White	411	19
Black/African American	1009	46
Asian	31	1
American Indian/Alaska Native	7	<1
Native Hawaiian Pacific Islander	2	<1
Other/Multi-Racial	300	14
Refused During Interview	27	1
Ethnicity		
Unknown	527	24
Hispanic or Latinx	324	15
NOT Hispanic or Latinx	1340	61
Refused During Interview	6	<1

Race	Total Lives Lost	Percent
All	27	100
All	72	100
Asian	2	3
Black/African American	54	75
Hispanic/Latinx	8	11

Total Confirmed Cases: 2,197



“ ..Understand and account for the historical forces that have left a legacy of racism and segregation, as well as structural and institutional factors that perpetuate persistent inequities. The only way to truly discard this legacy is to craft a new one, built on a shared vision for equity.”

- Health Equity Report: District of Columbia 2018

- Racial disparities in mortality rates and health outcomes reflect discriminatory systems that are decades and centuries old.
- This pandemic is shining a spotlight on these inequities. When we get to the other side of this, everyone must stay focused on fixing the systems and policies that disproportionately undermine the health and well-being of African Americans and other people of color.
- Our focus, right now, is on saving lives. We need to get anyone who has COVID-19 symptoms connected with a health care provider so that we can test for COVID-19 and provide appropriate care.

THE NEW MAYOR'S ORDER:

Clarifies that masks are required for:

- ✔ hotel workers, guests, and visitors
- ✔ individuals using taxis, ride shares, private transportation providers,
- ✔ workers and customers of food sellers, and
- ✔ strongly encouraged for workers and individuals using public transit.

Further extends the public emergency and public health emergency in the District of Columbia through May 15, 2020.

Masks are not a replacement for social distancing.

Charges the Department of Health Care Finance (DHCF) with identifying residents who may have an underlying health condition that makes them more vulnerable to severe illness or death from COVID-19.

DHCF will conduct outreach to those individuals to provide them information on steps they may take to lessen the risk of contracting and spreading COVID-19, determine whether the individual has symptoms of COVID-19, and provide information on any medical care, case management, or other support that may be appropriate for the individual to address the risks or impacts of COVID-19.

Recognizes that group facilities and residences pose the threat of rapid rates of transmission of COVID-19 and **mandates protocols that must be implemented at certain facilities and residences** in the District where this threat exists and **where vulnerable populations reside**, while leaving room for evolving standards of care.

“**Excellence of performance
will transcend artificial
barriers created by man.**”

- Doctor Charles Drew

**We must do all that we can
to protect our most
vulnerable residents.**

Residents in the Custody of District Government

Department of Corrections	Department of Youth Rehabilitation Services	Saint Elizabeths
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Community-Based Care Providers

Long-term Care and Intermediate Care Facilities	Disability Service Providers	Home Health Services
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Residents in the Homeless Services System

Residents in Shelter	Unsheltered Residents
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Residents at Home

Mental and Behavioral Health Needs	Seniors	Victims of Domestic Violence	Homebound
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RESIDENTS IN THE CUSTODY OF DISTRICT GOVERNMENT

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DOC/DYRS Total Populations

Facility	Total Population
Central Detention Facility (DOC)	1,043
Central Treatment Facility (DOC)	398
New Beginnings (DYRS)	22
Youth Services Center (DYRS)	20



	Tested Positive	Recovered	Loss of Life
Residents	56	32	1
Personnel	18	-	-



- Anyone entering the facility is **screened using a thermometer and screening survey**.
- DOC has established an **isolation unit** for patients with COVID-19 symptoms or for those who have tested positive.
- DOC implemented **modified resident movement** and activity at its facilities so that residents will only be moved from their housing units for court appearances, medical and dental appointments, work details, and legal visits/calls.
- All who enter the facility are provided with **surgical masks**. The resident population is also provided surgical masks. Staff who work and escort inmates from the isolation units are provided the appropriate PPE, in accordance with CDC guidelines.

What's In Our Control:

1 How many people we are bringing in

- In the week before we declared a public health emergency, MPD was arresting an average of 92 people/day.
- Last week, MPD arrested an average of 29 people/day. Our focus is on violent crime and domestic violence.
- New entrants to the DOC have dropped by more than 50%. The Jail population has dropped by almost 22%.

2 Our sentenced misdemeanor population

- On March 17, when the emergency legislation passed, the DC Jail housed 115 sentenced misdemeanants. However, due to the application of good time credits or the expiration of their natural sentence, there were only 36 sentenced misdemeanants remaining in the DC Jail on Friday, April 10.
- On Friday, April 10, we granted 75 days of additional good time credits, which made just over half of the 36 remaining sentenced misdemeanants eligible for early release.

	Tested Positive	Recovered	Loss of Life
Residents	3	1	-
Personnel	9	-	1



Over the past three weeks, DYRS's population at New Beginnings and the Youth Services Center has been **reduced by 40%**.

DYRS has prioritized placing youth in the community with wraparound services to ensure they are receiving the appropriate care during this pandemic.

- DYRS continues actively taking steps to intentionally **minimize the population** at its facilities.
 - All new residents entering a DYRS facility are **quarantined for 14 days** with enhanced monitoring of any symptoms before they are assigned to their permanent housing unit.
 - Any youth at our secure facilities exhibiting symptoms consistent with COVID-19 **will be tested**. Youth slated to be released to the community will also be tested beforehand.
 - DYRS has established an **isolation unit** for patients with COVID-19 symptoms or for those who have tested positive.
- Staff who are in areas impacted by COVID-19 are trained on and **provided appropriate PPE**, in accordance with CDC guidelines.

	Tested Positive	Loss of Life
Residents	28	4
Personnel	47	-



The hospital has established an **isolation unit** for patients with **COVID-19** symptoms or for those who have tested positive.

- Currently, 28 patients are in isolation, and the hospital had expanded its isolation capacity.
- Units with exposure to positive staff or patients are placed in quarantine. Currently, nine of the hospital's 12 units are on quarantine, which includes about 60 percent of patients (144 of current census of 240 patients).

The Department of Behavioral Health is working to accelerate the discharge of patients, when clinically appropriate, by prioritizing them for supported housing in a mental health community residential facility.

Since March 20, seven patients have been discharged and another four are projected to be discharged in the next ten days.

DBH clinicians are maximizing the use of telehealth to provide services in the outpatient adult and children's clinics.

COMMUNITY-BASED CARE PROVIDERS

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On March 13, 2020, Long-Term Care Providers began restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.

- Skilled Nursing Facilities and Assisted Living Facilities are instructed to report every case of residents and staff with COVID-19 to ensure that DC Health can provide guidance.
- Staff observe residents for symptoms every four hours; residents who display any possible symptoms of COVID-19 should be tested. The Public Health Lab is supporting this testing.

The District has provided facilities in Washington, DC with PPE, and DC Health notified Long-Term Care Administrators that all facilities licensed by DC Health should implement a universal masking and face covering policy.

PPE Type	Amount
Gown, Surgical, Sterile, L	3,218
Face Shield, full foam, top ELST	558
Gown, Surgical, Sterile, XL	3,945
Gloves, non-sterile, powder free, latex, L	4,000
Mask, N95 particulate respirator/surgical, 3M 8000, M/L	15,638
Mask, procedure, yellow, Technol/Kimberly-Clark	46,125

- DC Health is also providing tools to help facilities conduct risk assessments, including information regarding staff leave, resident quarantining, and monitoring of symptoms.
- This week, DC Health and the Centers for Disease Control and Prevention visited several long-term care facilities to offer support and gain a better of understanding of how guidance is being followed.

Long-Term Care Facilities

	Employee	Patient
Name of Facility	Total	Total
Carroll Manor		3
Forest Hills	1	1
Inspire	5	
Jeanne Jugan Little Sisters of the Poor	1	1
Knollwood	2	1
Lisner Home	6	36
Stoddard Global (18th Street)	6	14
Thomas Circle	2	
Transitions	3	12
UMNC		5
Unique	4	5
Grand Total	30	78



The District has also provided PPE to home health providers and modifications have been made to several programs to prevent the disruption of services and to support home health providers.

PPE Type	Amount
Face Shield, full foam, top ELST	186
Gown, Surgical, Sterile, L	1315
Gown, Surgical, Sterile, XL	1073
Gloves, non-sterile, powder free, latex, L	1400
Mask, N95 particulate respirator/surgical, 3M 8000, M/L	5213
Mask, procedure, yellow, Technol/Kimberly-Clark	5213

To support providers of services to people with **intellectual and developmental disabilities**, the District has put in place a number of supports including increased flexibility in how services are provided, increased flexibility in hiring, and increased financial supports.

RESIDENTS IN THE HOMELESS SERVICES SYSTEM

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Individuals in Shelter Who Have Tested Positive	62
Number of Individuals in Remote Quarantine from Shelter or Unsheltered	225
Loss of Life Among Residents Experiencing Homelessness	4



The District is providing **hotel rooms for medically vulnerable individuals experiencing homelessness** who have the highest risk factors, including advanced age and underlying health conditions.

- Unity physicians work in collaboration with homeless service providers to refer clients based on medical assessments.



The District continues working to **identify additional shelter space** to ensure we have capacity to enable social distancing and support remote quarantine needs.

Residents Experiencing Homelessness

24



- Low-barrier and emergency shelters are **open 24 hours/day**.
 - Meals are pre-packaged
 - Clients required to stay in the same bed in the same shelter
 - Where possible, beds are spread out



- **PPE** is being used by shelter staff and medical personnel staffing shelters.



- With support from Unity medical staff, clients are **regularly screened** upon entry and clients with symptoms are transported to quarantine sites where they are tested and receive medical support.
 - If resident tests positive, close contacts are transferred to isolation site for 14-day quarantine
 - Isolation sites provide 24-hour staffing, medical care, and meals



- Installed **32 handwashing stations** and **9 portable toilets** and expanded access to **grab and go meals** at distribution points across the city.

WHAT COMES NEXT

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Using our rapid point-of-care instruments to support testing of vulnerable populations.

DC Health and the Public Health Lab are working together to deploy the **Cepheid GeneXpert** and **Abbott ID Now** to support targeted testing at long-term care facilities, shelters, the DOC, and for our immigrant population.



Cepheid GeneXpert

Abbott ID Now





Residents who need mental health support can call our mental health hotline at **1-888-793-4357**



Victims of domestic violence can contact the DC Victim Hotline at **1-844-443-5732** or can discreetly report domestic violence by **texting 911**



Seniors can reach out to the Department of Aging and Community Living's "Call and Talk" program by calling **202-724-5626**



Residents who are homebound due to COVID-19 and need food or other essential items can reach our COVID-19 hotline at **1-888-349-8323** or online at **coronavirus.dc.gov/gethelp**

#StayHomeDC



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